

**Adult Mental Health
Assessment Only (AMAO)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <ul style="list-style-type: none"> are seeking or needing services for a current Mental Health problem or symptom, AND have completed a current LME Screening/Triage/Referral (STR) process, AND have received a current LME STR triage determination of "Urgent" or "Routine", AND have been referred by the LME STR to the provider for assessment, AND have been determined by the provider not to be eligible for any other MH, DD, or SA Target Population, AND have been determined by the provider not to be eligible for Medicaid services. <p>The purpose of the Assessment Only Target Population is to provide a mechanism to reimburse a provider for a single service or assessment event that has been provided to a consumer, but for whom the provider determines that the consumer does not meet eligibility requirements for any other Target Population or for Medicaid services. Pending record requirements in APSM 45-2 apply.</p>
ICD-9 Diagnosis Ranges	<p>Any valid ICD-9 Code</p> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u>IPRS Diagnosis / Target Population Crosswalk</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in AMAO and any other MH, DD, or SA Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u>IPRS Eligibility Concurrency</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Service Array	<p>Refer to <u>IPRS Service Array</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/ SA Provider</p>
Funding Source(s)	<p>Adult MH MHBG – 536949 1291 250 5A – cannot pay for inpatient</p> <p>Adult MH MHBG – 536949 1291 250 6U – cannot pay for inpatient</p> <p>Adult MH SSBG – 536949 1291 250 Q7</p> <p>Adult MH State UCR – 536949 1290 220 00</p> <p>~~~~~</p> <p>For full details, refer to <u>IPRS Budget Criteria</u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Up to 1 periodic service event within a current episode of care, and up to 2 periodic service events within the fiscal year, after which prior approval is required or current eligibility enrollment in another Target Population category.</p>

**Adult Mental Health
Adult with Severe and Persistent Mental Illness (AMSPM)**

Client Eligibility Criteria	<p>Adult, ages 18 and over, who meets diagnostic criteria, and who as a result of a Mental Illness exhibits functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community. In these persons their disability limits their functional capacities for activities of daily living such as interpersonal relations, homemaking, self-care, employment, and recreation. Level of functioning criteria includes:</p> <p style="padding-left: 40px;">Any client who has or has ever had a GAF score of 40 or below</p> <p>OR</p> <p>Current client who never had a GAF assessment when admitted AND Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 40 or below)</p> <p>OR</p> <p>Current client who when admitted met level of functioning criteria but as a result of effective treatment does not currently meet level of functioning criteria AND Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 40 or below)</p> <p>OR</p> <p>New client who does not currently meet GAF criteria and no previous GAF score is available, and who has a history of:</p> <ul style="list-style-type: none"> • two or more psychiatric hospitalizations; OR • two or more arrests; OR • homelessness. <p>Must be reassessed annually or with significant change in functioning</p> <p>NOTE: It should be noted that an individual can remain in the target population even though his/her level of functioning might improve beyond the initial GAF score of 40.</p>
ICD-9 Diagnosis Ranges	<p>295-29599 296-29699 2989</p> <p style="text-align: center;">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both AMSPM and AMAO or AMSMI at the same time.</p> <p style="text-align: center;">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

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**Adult Mental Health
Adult with Severe and Persistent Mental Illness (AMSPM)
(continued)**

Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider
Funding Source(s)	Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645) Adult MH MHBG – 536949 1291 250 5A – cannot pay for inpatient Adult MH MHBG – 536949 1291 250 6U – cannot pay for inpatient Adult MH SSBG - 536949 1291 250 Q7 Adult MH State UCR – 536949 1290 220 00 ~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Prior approval is required for Inpatient Services (YP820).

**Adult Mental Health
Adult with Serious Mental Illness (AMSMI)**

Client Eligibility Criteria	Adult, ages 18 and over, who meets diagnostic criteria. Level of functioning criteria includes:				
	Any client who has or has ever had a GAF score of 50 or below				
	OR				
	Current client who never had a GAF assessment when admitted AND Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 50 or below)				
	OR				
	Current client who when admitted met level of functioning criteria but as a result of effective treatment does not currently meet level of functioning criteria AND Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 50 or below)				
	OR				
	New client who does not currently meet GAF criteria and no previous GAF score is available, and who has a history of:				
	• two or more psychiatric hospitalizations; OR • two or more arrests; OR • homelessness.				
	Must be reassessed annually or with significant change in functioning.				
NOTE: It should be noted that an individual can remain in the target population even though his/her level of functioning might improve beyond the initial GAF score of 50.					
ICD-9 Diagnosis Ranges	2900-2909	297-29799	3003	3071	31234
	29383	2989	30120	30751	
	29411	30001	30183	30981	
	295-29599	30014	3022	31230	
	296-29699	30021	3024	31233	
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For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. ( <a href="http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm">http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm</a> )					
Concurrency Issues	An individual cannot be enrolled in both AMSMI and AMAO or AMSPM at the same time.				
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For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)					

Deleted: New clients who meet the diagnostic criteria and who have an Initial GAF score of 50 or below

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**Adult Mental Health
Adult with Serious Mental Illness (AMSMI)
(continued)**

Service Array	<p>Although eligible for the full array of services, individuals should receive only services that are clinically appropriate.</p> <p style="text-align: center;">Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (uhttp://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm) </p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645)</p> <p>Adult MH MHBG – 536949 1291 250 5A – cannot pay for inpatient Adult MH MHBG – 536949 1291 250 6U – cannot pay for inpatient Adult MH SSBG - 536949 1291 250 Q7 Adult MH State UCR – 536949 1290 220 00</p> <p style="text-align: center;">~~~~~</p> <p style="text-align: center;">For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (uhttp://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm) </p>
Utilization Management	<p>Prior approval is required for Inpatient Services (YP820).</p>

**Adult Mental Health
Homeless (PATH) - (AMPAT)**

Client Eligibility Criteria	<p>Adult, ages 18 and over, who meets diagnostic criteria and is:</p> <p>Homeless – as defined by:</p> <p>(1) lacks a fixed, regular and adequate night-time residence</p> <p>OR</p> <p>(2) has a primary night-time residence that is:</p> <p>(a) temporary shelter</p> <p>or</p> <p>(b) temporary residence for individuals who would otherwise be institutionalized</p> <p>or</p> <p>(c) place not designed/used as a regular sleeping accommodations for human beings;</p> <p>OR</p> <p>At imminent risk of homelessness as defined by:</p> <p>(1) due to be evicted or discharged from a stay of 30 days or less from a treatment facility</p> <p>AND</p> <p>(2) who lacks resources to obtain and/or maintain housing.</p> <p>Must be reassessed annually.</p> <p>~~~~~</p> <p>NOTE: There may need to be “John Doe” clients for outreach to people who refuse to give their names.</p>			
ICD-9 Diagnosis Ranges	2900-2909	30014	3022	31230
	29411	30021	3024	31233
	295-29799	3003	3071	31234
	2989	30120	30751	7999
	30001	30183	30981	
	<p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			
Concurrency Issues	<p>An individual cannot be enrolled in both AMPAT and AMAO at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>			

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**Adult Mental Health
Homeless (PATH) - (AMPAT)
(continued)**

Service Array	<p>PATH funding can be used to provide training to other service providers about mental illness homeless service needs. This would fall under C&E service (specific to homelessness, but not client specific).</p> <p style="text-align: center;">Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p> <p>Only the area programs having Fed PATH funds can get paid from that funding source. These are Wake, Southeastern, Durham, CenterPoint, Mecklenburg, Blue Ridge, Crossroads, Piedmont, & Cumberland for adults. Other area programs can get paid from MHBG or State money.</p>
Funding Source(s)	<p>Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645)</p> <p>Adult MH Homeless PATH (Special Categorical) – 536919 1291 250 5F Adult MH State UCR – 536949 1290 220 00</p> <p>NOTE: For PATH funding we also need to be able to document that \$1 of other state/local funds are spent for each \$3 of PATH funding.</p> <p style="text-align: center;">~~~~~</p> <p style="text-align: center;">For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	

**Adult Mental Health
Deaf or Hard of Hearing (AMDEF)**

Client Eligibility Criteria	Adult, ages 18 and over, assessed as having special communication needs because of deafness or hearing loss and having a Mental Health diagnosis.
ICD-9 Diagnosis Ranges	<div> <div>290-29099</div> <div>293-29799</div> <div>2988-2989</div> <div>300-30299</div> <div>307-30999</div> </div> <div> <div>3101-31019</div> <div>311-31299</div> <div>7999</div> <div>9958-99589</div> </div> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in both AMDEF and AMAO at the same time.</p> <p>Deaf adults who also meet criteria for AMSPM or AMSMI should also be enrolled in that target population to receive a full array of services.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

Service Array	<p>Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p> <p>NOTE: The small reserve in AMH for interpreter services will continue to be handled on an invoice basis outside the IPRS system at this time.</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Adult MH State UCR – 536949 1290 220 00</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	Area Program specific audits may be implemented to limit the amount of State UCR funds accessible by the population group.

**Adult Mental Health
Community Enhancement Program (AMCEP)**

Client Eligibility Criteria	<p>A single, special recipient (State Enrolled 'John Doe' client) will be used to report these services to IPRS. Individual consumers are not to be enrolled in this target population.</p> <p>NOTES: Client may be identified in CNDs as '(local facility code)AMH001'</p>
ICD-9 Diagnosis Ranges	<p>Any valid ICD-9 Code</p> <p align="center">~~~~~</p> <p>For the most current list of specific diagnoses, refer to <u><i>IPRS Diagnosis / Target Population Crosswalk</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Concurrency Issues	<p>An individual cannot be enrolled in AMCEP.</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Eligibility Concurrency</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>

Service Array	<p>This is intended to cover area program costs for C&E and drop in center coverage by having a non-client staff hour population group with payment (with limits) based on AMH staff hours.</p> <p align="center">Refer to <u><i>IPRS Service Array</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Provider Restrictions	<p>Billing Provider – Area Program or LME</p> <p>Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/SA Provider</p>
Funding Source(s)	<p>Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645)</p> <p>Adult MH MHBG – 536949 1291 250 5A – cannot pay for inpatient Adult MH MHBG – 536949 1291 250 6U – cannot pay for inpatient Adult MH SSBG - 536949 1291 250 Q7 Adult MH State UCR – 536949 1290 220 00</p> <p align="center">~~~~~</p> <p>For full details, refer to <u><i>IPRS Budget Criteria</i></u> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>
Utilization Management	<p>Area Program specific audits may be implemented to limit the amount of State UCR funds accessible by the population group.</p>

**Adult Mental Health
Stable Recovery Population (AMSRE)**

Client Eligibility Criteria	<p>Adults, ages 18 and over, who:</p> <ul style="list-style-type: none">• Are currently enrolled in AMSPM or AMSMI target population or eligible for enrollment in AMSPM or AMSMI target population, and who are stable and moving toward their personal recovery within the community AND• Evidence of stability and recovery includes <u>all</u> of the following:<ul style="list-style-type: none">○ Illness has been managed successfully in the community with no need for crisis services or hospitalization within the past six months related to mental illness, substance abuse or developmental disabilities AND○ Has a safe, stable place to live in the community and has not been homeless or evicted or forced to move within the past six months AND○ Has not been engaged in activities that resulted in arrest by law enforcement within the past six months AND○ Participates in meaningful activities or employment of his/her own choosing in the community AND○ Has family or friends with whom he/she has a positive, ongoing relationship AND○ Has an understanding of how to access health care to address physical health issues, if any, AND○ Continues to need medication and/or occasional counseling or support related to his/her mental illness diagnosis. <p>Continued Stay Criteria</p> <ul style="list-style-type: none">• If functioning is beginning to deteriorate, adults in this AMSRE target population may be moved back into AMSPM or AMSMI.• If there is a need for crisis services or hospitalization, if the person is homeless or evicted, if the person is arrested by law enforcement, or if the person needs for services to maintain meaningful activities or employment or services to address relationships or health issues, adults in this AMSRE target population are to be moved back into the AMSPM or AMSMI target population.																									
ICD-9 Diagnosis Ranges	<table><tr><td>2900-2909</td><td>297-29799</td><td>3003</td><td>3071</td><td>31234</td></tr><tr><td>29383</td><td>2989</td><td>30120</td><td>30751</td><td></td></tr><tr><td>29411</td><td>30001</td><td>30183</td><td>30981</td><td></td></tr><tr><td>295-29599</td><td>30014</td><td>3022</td><td>31230</td><td></td></tr><tr><td>296-29699</td><td>30021</td><td>3024</td><td>31233</td><td></td></tr></table> <p>~~~~~</p> <p>For the most current list of specific diagnoses, refer to <i>IPRS Diagnosis / Target Population Crosswalk</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>	2900-2909	297-29799	3003	3071	31234	29383	2989	30120	30751		29411	30001	30183	30981		295-29599	30014	3022	31230		296-29699	30021	3024	31233	
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29411	30001	30183	30981																							
295-29599	30014	3022	31230																							
296-29699	30021	3024	31233																							
Concurrency Issues	<p>An individual cannot be enrolled in AMSRE and any other Adult MH Assessment, Crisis, or Target Population category at the same time.</p> <p>~~~~~</p> <p>For full details, refer to <i>IPRS Eligibility Concurrency</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)</p>																									

**Adult Mental Health
Stable Recovery Population - (AMSRE)
(continued)**

Service Array	Refer to <i>IPRS Service Array</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Provider Restrictions	Billing Provider – Area Program or LME Attending Provider – Multi-Service Provider or Enrolled MH Provider or Multi-Service w/ SA Provider
Funding Source(s)	Long Term Vocational Support – 536949001 1390 221 00 (procedure code = YM645) Adult MH MHBG – 536949 1291 250 5A – cannot pay for inpatient Adult MH MHBG – 536949 1291 250 6U – cannot pay for inpatient Adult MH SSBG – 536949 1291 250 Q7 Adult MH State UCR – 536949 1290 220 00 ~~~~~ For full details, refer to <i>IPRS Budget Criteria</i> on the IPRS website. (http://www.dhhs.state.nc.us/mhddsas/iprsmenu/index.htm)
Utilization Management	Individualized service plan with annual review. Plan may be revised during the year, with authorization, if service needs change.

**Adult Mental Health
Olmstead Plan Implementation (AMOLM)**

For Tracking Purposes Only

Client Eligibility Criteria	Adult who is identified as a participant in the AMH Olmstead Plan Implementation. The Division will provide Area Programs/LMEs with a list of those to be enrolled in the AMOLM population.
ICD-9 Diagnosis Ranges	N/A
Concurrency Issues	Olmstead individuals must be dually enrolled in appropriate AMH population group.

Service Array	N/A
Provider Restrictions	N/A
Funding Source(s)	N/A
Utilization Management	N/A